



NOV 26 2004

PTO/SB/17 (11-04)

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FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 986.00

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 10/087,716 |
| Filing Date | 03/01/2002 |
| First Named Inventor | Matthias Oechsner |
| Examiner Name | McNeil, Jennifer C. |
| Art Unit | 1775 |
| Attorney Docket No. | 01P05135US01 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit Account Number
19-2179

Deposit Account Name
Siemens Corporation

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING FEE

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|------------------------|----------|-----------------------|--------------|
| Utility Filing Fee | 790 | 395 | _____ |
| Design Filing Fee | 350 | 175 | _____ |
| Plant Filing Fee | 550 | 275 | _____ |
| Reissue Filing Fee | 790 | 395 | _____ |
| Provisional Filing Fee | 160 | 80 | _____ |

Subtotal (1) \$ _____

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**

$$- 20 \text{ or HP} = 6 \times 18.00 = 108.00$$

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

$$- 3 \text{ or HP} = 1 \times 88.00 = 88.00$$

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) **Fee Paid (\$)**

$$_____$$

Subtotal (2) \$ 196.00

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|-------------------------------------|----------|-----------------------|---------------|
| 1-month extension of time | 110 | 55 | _____ |
| 2-month extension of time | 430 | 215 | _____ |
| 3-month extension of time | 980 | 490 | _____ |
| 4-month extension of time | 1,530 | 765 | _____ |
| 5-month extension of time | 2,080 | 1,040 | _____ |
| Information disclosure stmt. fee | 180 | 180 | _____ |
| 37 CFR 1.17(q) processing fee | 50 | 50 | _____ |
| Non-English specification | 130 | 130 | _____ |
| Notice of Appeal | 340 | 170 | _____ |
| Filing a brief in support of appeal | 340 | 170 | _____ |
| Request for oral hearing | 300 | 150 | _____ |
| Other: RCE 1.17(e) | | | <u>790.00</u> |

Subtotal (3) \$ 790.00

SUBMITTED BY

| | | | |
|-------------------|-------------------------|---|------------------------|
| Signature | David G. Maire, Esquire | Registration No. 34,865 (Attorney/Agent) | Telephone 407-926-7704 |
| Name (Print/Type) | <i>David G. Maire</i> | | Date 11-23-04 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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